



Title: Damage Claim Form
Department: Public Works
OFFICE USE ONLY
Claim Number:

Please fill out all fields below. If more information is required, attach all additional pages.

Contact Information:
NAME:
ADDRESS:
PHONE:
EMAIL:

Incident Details:

Location where incident occurred:

Address or nearest intersection, direction or lane of travel, etc. Please include a map or diagram if necessary.

Exact Date and Time Incident Occurred:

Description of Incident:

Attach additional pages, photos or other evidence

Claimant Vehicle Information: (ONLY IF A VEHICLE IS INVOLVED IN THE INCIDENT)

Plate #:
Model Year:
Make:
Model:

Names and contact information of any witnesses and/or Town employees involved:

Town Vehicle Information: (ONLY IF A VEHICLE IS INVOLVED IN THE INCIDENT)

Name: (i.e. Loader)
Plate #:
Description:

The reason I believe I have a claim against the Town of Twillingate:

As a result of the information in this claim, the damages suffered are:

(Estimated or actual cost of damages – must provide two (2) cost estimates in the case of property damage, and invoices if necessary.)

Have you claimed, or will you be claiming any insurance compensation? YES ____ NO ____

If YES, please provide the name, contact information and file number from your insurance company:

I fully understand:

- a. An official notice setting forth the time, place and manner in which the damage has been sustained must be delivered to the Town office in writing or emailed to townoftwillingate@bellaliant.com within 14 days of the incident. Your claim will then be registered and investigated and a letter will be sent to the address provided informing you of the outcome of the investigation.
- b. The information provided here is for the purpose of investigating and managing claims against the Town and as such any information provided to the Town may be used by the Town in defending a claim.

Applicant's Signature: _____

Date: _____